

KANSAS INFANT-TODDLER SERVICES

2000 B 2001 ANNUAL REPORT

FOREWARD

It is with great pleasure that we present the Kansas Infant-Toddler Services 2000-2001 Annual Report. It reflects the work of state agencies in partnership with 37 local interagency early intervention networks. This group includes dedicated parents, local Interagency Coordinating Council (ICC) members, Kansas Coordinating Council on Early Childhood Developmental Services (CCECDS) members, service providers, and hundreds of other individuals and agencies across Kansas.

Congress established the Part C program in 1986 in recognition of "an urgent and substantial need" to:

- _ enhance the development of infants and toddlers with disabilities;
- _ reduce educational costs by minimizing the need for special education through early intervention;
- _ minimize the likelihood of institutionalization, and maximize independent living; and
- _ enhance the capacity of families to meet their child's needs.

Kansas has continued to make great gains towards each of these goals only through the collaborative efforts of this group.

The Kansas state motto is **Ad Astra Per Aspera** which means **To the stars through difficulty.** Kansas Infant-Toddler Services continues to follow this path by striving to make sure no child or family is left behind.

KANSAS INFANT-TODDLER SERVICES

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INFANT -TODDLER SERVICES

- i A comprehensive, statewide system of community-based, family-centered services for young children and their families
- i Support of families in meeting the special developmental needs of their infants and toddlers with developmental delays or disabilities
- i State lead agency **B** Kansas Department of Health and Environment (KDHE)
- i Federal lead agency - Office of Special Education Programs (OSEP) in conformance with Part C of the Individuals with Disabilities Education Act (IDEA)
- i Collaboration with other state and local agencies to assure a comprehensive system of early intervention services: Social and Rehabilitation Services, Kansas State Department of Education, Kansas Insurance Department, local CDDOs, local health departments, mental health, Early Head Start, Head Start, Parents As Teachers, CDDOs, school districts, hospitals, physicians, and others
- i 37 self-defined community networks across Kansas providing early intervention services, child find/public awareness activities, referral, eligibility determination via evaluation, development of an Individualized Family Service Plan, ongoing assessment, family services coordination, transition planning
- i Over 50 local interagency coordinating councils (LICCs) assisting in the coordination of services
- i Individualized intervention services based on the strengths and needs of each child and the concerns of the family
- i Family-centered and family-guided services
- i Services in the child's natural environment
- i Personnel who meet the highest requirements in Kansas applicable to a specific profession or discipline
- i Guarantees of procedural safeguards concerning resolution of conflicts, access to records, and confidentiality of information
- i Intervention services that might include any of sixteen different services such as occupational or physical therapies, coordination of related medical or other health services, assistive technology, special instruction, information and referrals for families, speech-language pathology, audiology, and other services as they relate to the needs of the child

MISSION OF EARLY INTERVENTION IN KANSAS

The mission of early intervention in Kansas is to ensure the availability of a collaborative, comprehensive, family centered service delivery system which meets the developmental needs of all infants and toddlers who have delays or disabilities; which helps families develop their capacity to deal with these needs; and which occurs in natural settings. The system should also enhance the capacity of providers to identify, evaluate, and meet the needs of the historically under-represented population in Kansas.

Principles guiding this system:

- i Family members are the most influential people in a child's life.
- i Needs change rapidly during the child's first three years; services should be flexible.
- i For effective services, they must be individualized to meet the needs of the child and family.
- i No one agency or program can offer the full array of early intervention services that a child and family may need.
- i The Kansas Department of Health and Environment (KDHE) is the lead agency which assures that the mission of early intervention services is fulfilled.
- i The Coordinating Council on Early Childhood Developmental Services supports this lead agency in its efforts to achieve a seamless system of family-centered, collaborative services.
- i In Kansas, 37 self-defined community Networks execute the mission via:
 - B Child find activities and referrals;
 - B Eligibility determination by team evaluation;
 - B Ongoing team assessment and development of service plan for eligible children;
 - B Services/supports provided in natural environments; and
 - S Transition assistance when children leave the system.

COMMUNITY NETWORKS AND LOCAL INTERAGENCY COORDINATING COUNCILS

There are 37 Kansas community early intervention networks that coordinate services locally. These self-defined, interagency, multi-disciplinary networks vary in size and membership based on the unique needs of each local community. Kansas has over 50 local interagency coordinating councils (LICC) which work in conjunction with the local community networks. The LICCs consist of parents and other key individuals from a variety of public and private agencies and organizations involved in the provision of services for children. They collaborate so that a community based system of early intervention services may be provided.

Networks and Counties Served

Arrowhead West, Inc. - Barber, Clark, Comanche, Edwards, Ford, Gray, Harper, Hodgeman, Ness, Kingman, Kiowa, Meade, Pratt

Jewell/Lincoln/Mitchell County ICC - Jewell, Lincoln, Mitchell

Bright Beginnings B Butler County Infant-Toddler Services
Butler

Kid-Link/DSNWK - Norton, Osborne, Phillips, Rooks, Russell, Smith, and part of Decatur

Children & Families Network - Finney, Grant, Greeley, Hamilton, Haskell, Kearney, Lane, Morton, Scott, Stanton, Wichita, Stevens

Clay, Washington, Marshall ICC -Clay, Washington, Marshall

Cloud/Republic ICC - Cloud, Republic

Coffey County ICC - Coffey

Douglas County Infant-Toddler Coordinating Council -Douglas

Early Childhood Committee Dream Team - City of Atchison

Early Childhood Coordinating Council - Rawlins, Sheridan, Sherman, Thomas, Trego, Wallace, part of Lane

Early Childhood Coordinating Council of Atchison and Jefferson - Atchison, Jefferson

Flint Hills Special Education Coop - Chase, Lyon, Morris, Greenwood

Geary County Infant-Toddler Services - Geary, Fort Riley

Harvey County Infant-Toddler Program - Harvey

Hays Interagency Coordinating Council - Ellis and part of Rush

Infant-Child Development - Dickinson, Ellsworth, Ottawa, Saline

Infant-Toddler Services of Johnson County - Johnson

Infant-Toddler Services Network of Riley County -Riley

Lakemary Center Infant-Toddler Program - Anderson, Linn,
Miami, part of Franklin

**Leavenworth County Early Childhood Coordinating
Council** - Leavenworth

Marion County Early Intervention Services - Marion

MCKIDS (McPherson County, KS, Infant Developmental Services)
McPherson

Northeast Kansas ICC - Brown, Doniphan, Nemaha, Jackson

Osage County ICC Infant-Toddler Services - Osage and western
Franklin

Ottawa-Wellsville ICC - Part of Franklin (boundaries of USD 289 and USD
290)

Parents and Children Together - Seward

Pottawatomie/Wabaunsee Infant-Toddler Program - Pottawatomie,

Wabaunsee

Prairie Band Potawatomi Indians - Potawatomi Reservation

REACH Preschool - Cowley

Reno County Early Intervention Program - Reno

Sedgwick County Early Childhood Coordinating Council - Sedgwick

Shawnee County Infant-Toddler Services - Shawnee

Southeast KS Birth to Three Program - Allen, Bourbon, Chautauqua,
Cherokee, Crawford, Elk, Labette, Montgomery, Neosho, Wilson, Woodson

Sumner County ICC - Sumner

Sunflower Diversified Services, Early Education Center - Barton, Pawnee, Rice,
Stafford, and part of Rush

Wyandotte County Infant-Toddler Services - Wyandotte

environments. The meetings also facilitate networking and collaboration across community network lines.

Coordinator Networking

Another means of communication with the networks, implemented within this reporting period, is meetings of the infant-toddler network coordinators in Kansas with Kansas= Infant-Toddler Services Coordinator. These meetings are held three times a year. Discussion of program issues, grant development, monitoring, IFSP development, self-assessment, and services to children in the foster care system are some of the elements of infant-toddler services that were covered over the past year.

The Kansas Inservice Training System sponsored development of a listserv for Infant-Toddler Networks as a means of distributing information.

Communication

Information exchange between the Kansas Infant-Toddler Services staff and the local networks and thereby to service providers, program administrators, families, and other interested community partners, is accomplished through quarterly regional meetings conducted at various locations across the state. These meetings/workshops provide training on such topics as the Individualized Family Service Plan (IFSP) process, Sound Beginnings Newborn Hearing Screening Program, federal regulations, autism, data collection, and natural

Newsletter

Additionally, Kansas Infant-Toddler Services publishes a quarterly newsletter called *ITS NEWS*. Information published in this newsletter includes topical subjects such as upcoming state conferences, new state or federal regulations, resource information, and a calendar of events. *ITS NEWS* has a circulation of approximately 700 recipients. It reaches all community early intervention networks, health departments, special education offices and cooperatives, and state and local interagency coordinating council members. The newsletter is also mailed to parent groups, families, state agencies, university contacts, and service providers.

Technical Assistance

Technical assistance and training are available to the community early intervention networks and local interagency coordinating councils (LICC)s to assist in program development, to respond to

self-assessed needs, and to assure compliance with state and federal program requirements.

Procedure Manual

To assist with network compliance, guidelines developed by representatives from state and local programs assure network accountability. The document developed identifies the protocol Kansas Infant-Toddler Services will use to work with the networks to resolve issues identified in the site review process and issues which require mediation. Technical support is then provided to networks in need of remediation to facilitate compliance, and to improve services to children and families.

REFERRAL/EVALUATION

Identifying children eligible for infant-toddler services and referring them to appropriate services as early as possible is part of the mission of early intervention services in Kansas. A total of **4326** children were referred to the 37 Networks in Kansas during fiscal year 2000 (July 1, 1999 - June 30, 2000).

Referral Sources

Medical/Health/Kan-Be-Healthy27.6% (1194)

Education/PAT/Count Your Kid In.....26.5% (1147)

Parents/Family/Friends22.6% (979)

NICU15.2% (656)

Other..... 8.1% (350)

Number of Children Found Eligible

4326 Kansas Children were referred for evaluation this year.
2576 children were determined eligible for Part C services. Of the number of children determined eligible, **435** children were considered automatically eligible due to a diagnosed condition.

Of the 2576 children found eligible for infant-toddler services during this report period 84% were identified with developmental delay and 16% were admitted to services with a diagnosed condition. A sample from the *National Early Intervention Longitudinal Study*, in which Kansas is a participant, indicates that, nationally, 76% of eligible infants and toddlers were identified with developmental delay and 23% were admitted with a diagnosed condition.

The families of those children who are not eligible for services or those who are considered at risk are provided with information regarding community programs such as Parents As Teachers and Early Head Start. They are also given developmental information and locations where their children can receive developmental and health screening or assessment for continuous monitoring.

EARLY INTERVENTION SERVICES

The goal of early intervention services is to assist infants and toddlers to attain age-appropriate developmental levels; to enhance the capacity of infants and toddlers with developmental delays or disabilities to reach his/her maximum potential; and to enhance the capacity of families to meet the special needs of their infants and toddlers. Some of the services provided to these infants and toddlers and their families are speech-language pathology, special instruction, transportation, vision, feeding, orientation and mobility, audiology, respite, social work, assistive technology, nutrition, physical therapy, nursing, occupational therapy, family training and counseling, health, psychological, and medical.

A Snapshot of the Infants and Toddlers Receiving Services on December 1:

Based on the Federal December 1 Child Count, there was an **11%** increase in the number of children served between 1996 and 1997, a **14%** increase between 1997 and 1998 , a **16%** increase between 1998 and 1999 counts, and a **14%** increase between 1999 and 2000.

The bar graph shows the increase in numbers of infants and toddlers served in Kansas from 1992 through 2000. This number is based on the annual December 1 Child Count.

Based on 116,774 live births in Kansas (1998-2000), the Infant-Toddler Networks were serving 2.1% of the birth to three population in Kansas on December 1, 2000. This percentage is at the desired federal target of 2%. This percentage has continued to increase over the past three years.

Calendar Years	Kansas Live Births	Part C Eligible/December 1	% of Total Children
1996 - 1998	112,087	1884 (Dec. 1, 1998)	1.7%
1997 - 1999	114,311	2187 (Dec. 1, 1999)	1.9%
1998 - 2000	116,774	2485 (Dec. 1, 2000)	2.1%

Age of Children:

Age as of 12/1/00	Number % of Total	
Birth to 12 months	395	16%
12 B 24 months	747	30%
24 B 36 months	1,343	54%
TOTAL	2,485	100%

The number of children under the age of one who are receiving Infant-Toddler Services on December 1 has increased over the past three years. Early identification is vital. The national goal is to identify 50% by age 1. Kansas is at 31% compared to a 38% national average.

1998.....302

1999.....371

Race/Ethnicity:

	Dec.1, 2000	% of Total
American Indian	18	<1%
Asian or Pacific Islander	34	1%
Black or African American	251	10%
Hispanic or Latino	317	13%
White (Not Hispanic)	1865	75%

The racial/ethnic composition of the population receiving early intervention services appears to be representative of the population as a whole, except for American Indian.

2000.....395

Settings In Which Infants and Toddlers Received Services:

Services and supports are provided in natural settings, places and situations where children without disabilities live, play and grow. These settings include homes, child care, community play groups, libraries, hospitals, and other settings that children are found in during the course of their daily routine. This natural environment maximizes the family and other caregivers as resources and encourages shared responsibility.

Number and Type of Personnel Providing Services:

Over 353 personnel were providing early intervention services to infants and toddlers on December 1, 2000. Not all of the individuals listed worked full time.

Audiologists	01.885	Orientation & Mobility Specialists.....	00.222	Special Educators.....	79.156
Family Therapists	01.230	Paraprofessionals	76.840	Speech/Language Pathologists	55.295
Nurses.....	15.650	Pediatricians	00.060	Other Professional Staff.....	40.900
Nutritionists	00.662	Physical Therapists.....	28.998	(other: assistive technology, behavior	
Occupational Therapists	30.447	Physicians, other than Pediatricians	00.131	disorders consultant, hearing impaired	
		Psychologists.....	02.360	consultant, vision impaired consultant,	
		Social Workers	18.790	translator/interpreter, etc.)	

TRANSITION

Any transition can make a significant difference to the child and family. The impact will vary depending on the child, the family, the service providers, and the nature of the transition. It is the responsibility of the service providers to identify, prepare for, and implement these transitions with the goal of making the least noticeable disruption possible, while providing the most appropriate services for the child and family. Transitions require interdisciplinary and interagency collaboration and cooperation and family involvement through every phase.

Collection of baseline data regarding the status of children exiting the Infant-Toddler Services Program began in 1999. It appears that most of the children who exit Part C transition to Part B or to other community services.

PARTNERSHIPS IN KANSAS

Partnerships provide the framework for a seamless system of service provision to eligible infants and toddlers in Kansas. Kansas has a long history of creating early childhood coalitions, coordinating scarce resources in rural areas, and building on the strengths of long-standing early intervention programs. The following organizations have been instrumental in creating the unique early intervention (EI) system, based on a strengths model:

Families Together, Inc.

Connie Zienkewicz, Executive Director

Darla Nelson-Metzger, Child Advocate/Coordinator

Families Together, Inc., the parent training and information center of Kansas, and Kansas Infant-Toddler Services (ITS) collaborate in many ways to serve the families of young children. This collaboration stems from our common belief that families need to know they are not alone; there are people throughout the state who can help and provide support.

Families Together serves parents and their children with disabilities ages birth through 21 years through four centers with four regional coordinators throughout the state. Staff at these centers and the coordinators assist families through the provision of Parent Networking Conferences, Family Enrichment Weekends, a Parent-to-Parent Program, and a Child Advocate Program. Kansas ITS helps fund these programs.

Parent Networking Conferences/Family Enrichment Weekends are free overnight events organized exclusively for parents and families. Parents have the opportunity to network with one another and attend several workshops.

In the **Parent-to-Parent** program, a newly referred parent is matched to a volunteer supporting parent. The match is generally made on the basis of disability, but can be made on another issue such as a medical procedure or on transition from infant-toddler services to another program.

The **Child Advocate** program is for infants and toddlers with disabilities whose parents are unknown, unavailable, or whose parental rights have been severed. Families Together staff in the Topeka office receive the referrals for child advocates, train people to become advocates, and match a child to the child advocate.

During this reporting period:

- i Child Advocate Program information was distributed resulting in a total of **30** surrogate parents recruited;
- i Nine toll-free numbers are available across the state, including the *Kansas Make-A-Difference* number, for parents to access for assistance and support. **160** families of Infants and Toddlers accessed Families Together this way;
- i **13** Parent-to-Parent matches were made for families with children ages 3 and under;
- i **41** families of infants and toddlers with disabilities were scheduled to attend Parent Networking Conferences;
- i Information regarding Parent-to-Parent in the form of **58** outreach activities was provided to various ICCs and Hospital-to-Home programs across the state.

In 2002, a Family Enrichment Weekend is planned exclusively for families that have a child in Early Intervention Services.

The Assistive Technology for Kansans Project

Sheila Simmons, Project Coordinator

Kansas Infant-Toddler Services and Assistive Technology for Kansans (ATK) have partnered to increase access to assistive technology devices and services to infants and toddlers and their families for the past eight years. Local infant toddler providers used developmentally appropriate practices in each child's natural environment to create an appropriate, family-centered plan. Assistive technology devices and services need to be a component of many family service plans if providers are to successfully support families.

Kansas Infant-Toddler Services and ATK developed a plan to expand the knowledge base of local providers, and increase short and long-term access to assistive technology devices across the state. Over the years this plan has been modified to better meet the needs of young children with disabilities, their families, and local providers, but the three central components have remained the same. These components include access to comprehensive assistive technology assessments, development of the local teams=assistive technology knowledge base, and increased inventory and access to loan devices.

Comprehensive Evaluations

From July 1, 2000 to June 30, 2001, **147** infants and toddlers received comprehensive assistive technology evaluations arranged through ATK. **24** of these evaluations and **7** follow-up evaluations were sponsored partially

or entirely through Kansas ITS funds. A compilation of other third party payers for evaluations included private health insurance, Kan-Be-Healthy, Special Health Services, local provider networks, and hospital foundations. AT Access Site staff and family services coordinators collaborated to fund evaluations and obtain funding for recommended assistive technology devices.

Local providers and AT Access Sites collaborated to develop funding for over **350** devices as a result of comprehensive assessments. This number does not include devices funded by parents and providers with only telephone technical assistance from the AT Sites or funded independently of ATK assistance.

Team Development

Local infant-toddler team members develop their assessment skills by observing and participating in the collaborative assistive technology assessments conducted for children on their caseload. Local team members were involved in each of the evaluations scheduled by ATK. Most of the children who received assistive technology assessments had multiple disabilities. The most common concerns were mobility, positioning, communication, and feeding. Many infant toddler teams are developing their own assistive technology evaluations particularly in the areas of switch access, adapted play, early communication skills, and basic software solutions and access.

Regional workshops were conducted on book adaptations, writing adaptations, early

communication, switch construction, toy adaptation, and software solutions. Topics were selected at the request of local providers and parents. **33** local team members and **12** parents participated in the workshops.

Increased Loan Inventory

Loan of equipment remains a popular practice among local providers and families. Infants and toddlers may derive the most benefits from loan of assistive technology devices. Young children often outgrow a device either physically or developmentally. In addition, they benefit from being able to try out a device to see if it best matches their needs before a purchase is made. Some children have been able to access a device on loan for the entire time that it was needed so their family did not have to purchase the device. This is particularly true of positioning devices and recreational items. **368** devices were loaned to infants and toddlers with disabilities.

Toll-Free Number

In addition to the impact of the above components, **700** calls were received on the toll-free number from parents and providers of children ages birth to three.

The collaboration between Kansas Infant Toddler Services and Assistive Technology for Kansans has resulted in a closer relationship between local providers and the AT Access Sites.

KITS - Kansas Inservice Training System

David Lindeman, PhD
Project Director

The KITS Project includes training and technical assistance for staff and networks providing early intervention services to infants and toddlers with disabilities and their families. Parents are afforded the opportunities to be involved with training and technical assistance activities. Professional and support personnel development needs are addressed at three levels of training - state, regional, and local.

The project's goals are completed through activities such as a summer institute, dissemination of information, provision of inservice training, provision of agency and individual technical assistance, and development of technical assistance packets for practitioners. The program supports and utilizes existing structures and opportunities for staff development currently occurring throughout the state through collaborative linkages with other agencies, programs, organizations, and projects in the field of early intervention and early childhood.

Project Accomplishments:

- i 823 attended direct trainings
- i 1423 attended co-sponsored trainings
- i 8 technical assistance (TA) plans were developed
- i 33 people were assisted by program visits, TA, and/or observations
- i developed/provided eighth annual summer institute - Emergent and Early Literacy in Young Children
- i distributed NEC*TAS Resource Collection on Autism Disorders
- i development of list serv for Infant-Toddler Networks - 77 members
- i co-sponsored Spring Infant/Toddler Conference - THE IFSP PROCESS - attended by over 150 participants, including Infant-Toddler providers, parents, ICC members, and administrators
- i provided awareness activities to encourage use of Early Childhood Resource Center

Infant-Toddler Occupational Therapy Technical Assistance Project

Ellen Mellard, MS OTR
Susan Krebs, COTA

This project is a collaborative project sponsored by the Kansas Department of Health and Environment and the University of Kansas Medical Center - O.T. Education Department. The program is designed in response to an identified need to provide technical assistance to occupational therapists working in Infant-Toddler Programs in Kansas. Technical assistance is provided in a variety of formats.

This program began in January 2001. At this time a needs assessment was made available to each OT and coordinator within the 37 Infant-Toddler Networks. Top priorities identified by therapists/coordinators were information about sensory processing and feeding/oral motor concerns. Several therapists offered to provide mentoring on a number of topics.

April-June 2001 activities included stipends for twenty-seven therapists to attend Jubilee at the University of Kansas Medical Center. Topics included identified priorities. A three hour ITV session on feeding was offered by staff from Children's Mercy Hospital. 70 therapists and other team members were in attendance. An Infant Toddler Sensory Profile was distributed to each network to be used for ongoing training.

Future plans were put in place to continue the current series of ITV training sessions involving identified priorities. At the end of this series, training focus will shift to transitioning infants from NICUs into infant-toddler programs.

Kansas State University/Kansas Child Care Training Opportunities (KCCTO)

Gwen Bailey, PhD, Kansas State University

In 1998, with funding assistance from Kansas Infant-Toddler Services, Kansas Child Care Training Opportunities, Inc. (KCCTO), identified for adaptation the *SpecialCare* curriculum developed by Child Development Resources in Norge, Virginia, as a training source for child care providers to encourage them to include children with disabilities in their child care settings. An additional unit (Unit VII) was developed for Kansas child care providers covering the topics of Americans with Disabilities Act, Individualized Family Service Plan, Individualized Education Program, and Behavioral Management issues. Approximately 110 child care providers were trained using this curriculum.

In July, 1999, the Kansas Infant-Toddler Services and KCCTO entered into an agreement under which the *SpecialCare* curriculum would be updated in relation to caring for infants and toddlers with disabilities. During the past two and a half years, 386 participants have taken the training. The training of child care providers, disability coordinators, and direct services personnel would continue.

During this report period:

- i 16 KCCTO Trainers attended Train the Trainer session by South Dakota facilitator;
- i revisions were made to *SpecialCare* Trainer's Manual and Caregiver book which incorporated the use of the term, *Natural environments* and *Least restrictive*;
- i 18 *SpecialCare* courses were taught across 10 of the 11 SRS Management Areas;
- i 187 child care providers were trained in the *SpecialCare* curriculum;

Kansas University Center on Developmental Disabilities

Participants=views change

The following are answers to this statement posed to class participants. **A**Please indicate what you will do differently as a result of attending this training event.®

Comfort Level:

AI will consider taking a severely handicapped child in my foster home.®

AI have a different attitude about children with disabilities. I am not afraid to have children with disabilities.®

AUnderstanding that all children, no matter what their disability needs are, need love and patience.®

AWelcome children with disabilities into my home even if I need to make changes for this child.®

Knowledge Level:

AIt gave me new ideas to work with a child I have who has a hearing impairment.®

AGiven the opportunity, I would like to attend an IEP meeting for a special needs child I am involved with. I would feel much more comfortable with my knowledge and ability to participate effectively.®

AMake sure that my program is inclusive and learn more ways to make this happen.®

ABe more aware of children's needs in respect to their disabilities. Hopefully, I can relate better to them and set up things so they can participate equally and feel good about themselves.®

AI will be more aware of the benefits of having children with special needs as a part of a typically developing classroom.®

Part C Statewide Monitoring Program

Project Staff: David Lindeman, PhD., Vicki Turbiville, Ph.D.,

Susan Jack, M.Ed.

Under Federal Regulation ' 303.501(b)(1-4) *Methods of administering programs*, it states that the lead agency (KDHE Infant-Toddler Services) shall adopt and use proper methods of administering each program, including B

- (1) Monitoring agencies, institutions, and organizations used by the State to carry out this part;
- (2) Enforcing any obligations imposed on those agencies under Part C of the Act and these regulations;
- (3) Providing technical assistance, if necessary, to those agencies, institutions, and organizations; and
- (4) Correcting deficiencies that are identified through monitoring. @

Through a contract with Kansas Infant-Toddler Services, the University of Kansas Center on Developmental Disabilities (KUCDD) coordinates the monitoring of infant-toddler networks in Kansas. During this report period:

- i 12 site visits were coordinated and completed;
- i 24 new site visitors were trained, including seven parents; site visit training was revised to include more role playing activities and a parent trainer;
- i Community Network Program Review and Site Visit Manual materials revised;
- i presentation, Including Families In All Program Levels of Infant-Toddler Services, developed by KUAP monitoring staff and Kansas parent of a child with a disability, was presented at the annual meeting of Kansas Division for Early Childhood, Overland Park.

Compilation by KUCDD of 562 Family Assessment responses during this period indicated that:

- i 90% of mothers and 91% of fathers who responded feel the services meet their child's needs;
- i 93% of mothers and 94% of fathers feel that their child's early intervention program includes what is important to them;
- i 94% of mothers and 92% of fathers feel that they are satisfied with the professional staff's quality of work.

Areas of needed improvement identified from family assessments include:

Mediation Training

Marvin Stottlemire, PhD, JD

Part C of the Individuals with Disabilities Education Act (IDEA) federal regulations require the Kansas Department of Health and Environment Infant-Toddler Services to make provision for a mediation process as an option for the resolution of parent or public agency complaints which cannot be resolved at the local level. KDHE Permanent Administrative Regulations indicate that Kansas Infant-Toddler Services shall maintain a list of trained mediators to fulfill this regulation. Individuals appointed as mediators shall have an understanding of the program requirements of Infant-Toddler Services as well as training in the mediation process.

Dr. Marvin Stottlemire, hired as a consultant, prepared a training curriculum and materials and implemented this program in 1999. Training was provided by Dr. Stottlemire in an annual two-day workshop. An annual one-day refresher workshop was provided for previously trained mediators.

During the last report period, **nine (9)** mediators were trained. These names are maintained at KDHE in order to fulfill the requirements of the federal regulation.

- i only 54% of fathers indicate meeting times and places are scheduled so they can attend;
- i families want their children to have more opportunities to play with and interact with children without disabilities;
- i Community self-assessment responses indicate that communities felt their collaboration among agencies was improving as was transition. They often indicated that Child Find and referrals among agencies was a strength in their communities. An area of need identified in community assessments/site visit findings is understanding and finding alternative funding for programs and services. In addition, issues of natural environments continue to be noted through-out community evaluations and site visit findings.

During this reporting period, state mediation regulations have changed in terms of training requirements. These new requirements will be reviewed over the course of the next year. Development of a plan for implementation of these new requirements is projected for FY 2003.

National Early Intervention Longitudinal Study (NEILS)

Kathy Hebbeler, Project Director
SRI International

Overview

The National Early Intervention Longitudinal Study (NEILS) is a 5-year study, initiated in 1997, that will provide both descriptive and explanatory information about Part C Services across the country. In 1999, KDHE entered into an agreement with SRI International to expand the study in Kansas. The result of this is the Kansas Early Intervention Longitudinal Study (KEILS).

Information gathered by the study will be used by the U.S. Department of Education to respond to congressional questions that arise about early intervention; by policy-makers to make decisions about how to improve early intervention services and other federally funded services that affect children and families; by policy-makers to make decisions regarding state funding levels; by local network coordinators and service providers when making decisions about local service coordination; by parents of infants and toddlers with disabilities to help them advocate effectively for their children about local, state, and federal early intervention issues; and by higher education faculty who conduct preservice and inservice training of early intervention personnel to improve the knowledge and skills of current and future service providers and networks.

The Draft Year 1 report for the KEILS has been completed. It is a comprehensive report covering a range of topics related to the children and families as they begin early intervention. The findings are as follows:

Who are the children and families that receive early intervention services in Kansas?

- i Children entering early intervention in Kansas are more likely to be male than female.
- i About one in five is a member of a minority group.
- i One in 20 is in foster care but this is a lower percentage of children in foster care than in the national early intervention population.
- i Children enter early intervention in Kansas at every point throughout the first three years of life, but are more likely to enter in the first, and especially, in the third year.
- i The average age when someone was first concerned about the child was 10 months, and the average age at first IFSP was 17 months.
- i Children enter early intervention for a wide variety of problems, but a common thread is that most have difficulties related to speech and language.
- i The majority of children are eligible for services because of a developmental delay. These children typically enter early intervention in Kansas in their third year. On the other hand, most children receiving services because of an established risk for developmental delay enter early intervention in their first year.
- i Children entering early intervention in Kansas in their first year are more likely to be medically involved, as indicated by their birth history, need for medical devices, and prescription usage. They are also more likely to have motor problems than children who enter at later ages.

With regard to the nature of early intervention services received in the first few months after initial IFSP:

- i Nearly all children and families received services in their home. One in five received services in a center.
- i Most were receiving therapy.

The study findings indicate that families' initial experiences with early intervention services were good:

- i Families had a relatively effortless entry into the EI system.
- i Most were aware of the IFSP and felt they had been involved in the decision-making.
- i Families were generally pleased with the quality and quantity of therapy and non-therapy services provided.
- i Despite having been interviewed only months after their entry into EI, families reported that EI had an impact on their child's development.
- i Families had already received many different kinds of help from their EI program, were happy with professionals they dealt with, and reported being better off as a result of EI.

Growing Together IV

Wichita State University

College of Education

Linda Mitchell, PhD, Project Director

Growing Together IV is the latest in a series of surveys designed to track patterns of change and guide direction for future actions based on the work of the local interagency coordinating councils in Kansas. Data for this and previous publications was collected by interview and survey of council members.

In *Growing Together IV*, data collected was compared with previous *Growing Together* publications. Following is the discussion/recommendations suggested by the author of this publication:

Results of this survey and interviews suggest that the Local Interagency Coordinating Councils (LICC) of Kansas are becoming more comprehensive in their delivery services, while still facing many challenges to carrying out their goals. Leaders and active members report that, while they are still very committed, they are also more exhausted than in years before. It appears that some of the same members who have taken active positions on the LICCs are still the ones carrying out the day-to-day tasks.

Adding new members and convincing former members to take on new leadership roles are real needs across the state. Additionally, throughout the interviews and surveys, a critical challenge is the lack of family membership and family involvement in key leadership positions. In fact, family membership and participation appears to be on the decline.

The importance of comparing 2001 data with previous years is to look for trends. Key issues carried over since the initial *Growing Together* publication and that are still a challenge faced by the LICCs of Kansas include (a) developing structural supports to strengthen LICCs, (b) funding issues, (c) family involvement, (d) increasing collaboration/teaming, and (e) obtaining training and technical assistance.

With the anticipated increase in the attention focused on young children and their families, it is imperative that LICCs continue to be committed to meeting needs within the community levels. In order to continue to grow

as interagency groups, development of the following will be key to success:

- i Increasing membership (bringing all of the key players to the table (especially family members);
- i Increasing family involvement (provide training to both professionals and family members, including leadership skills to parents);
- i Increasing funds (increasing opportunities to write/receive grant support, including training on how to write grants may be one way to meet this goal);

4. Development of collaboration/teaming skills.

The state leadership team can also be key to helping to support the LICCs. Recommendations for the state include: (a) developing LICC demonstration projects (and then share the success of them with all LICCs), (b) providing outreach project staff to assist local members in solving challenges, and (c) offering training to meet local levels.

Kansas Infant-Toddler Services will study these discussion points/recommendations over the course of the next year as well as other information contained in the publication. A plan to address identified areas of assistance will be formulated.

BIRTH TO THREE SYSTEM COMPONENTS

Public Awareness/Child Find

Identifying children with developmental delay and referring them to appropriate services as early in their lives as possible is a goal of Kansas Infant-Toddler Services. The percentage of birth-to-one-year-old children receiving services has continued to increase in the past three years.

Calendar Year	Kansas Live Births	# Under 1 Receiving Services Dec. 1	% of Total Under 1 Population
1998	38,372	302	.8%
1999	38,748	371	1.0%
2000	39,654	395	1.0%

Local networks develop their own marketing and screening plans. Monthly screening is available through collaborative efforts with the infant-toddler lead agency, local health departments, mental health centers, family volunteers, school districts, Parents as Teachers, Early Head Start/Head Start, Social and Rehabilitation Services, the medical community, and others within their communities. These entities may also initiate direct referral for evaluation and/or intervention services. Local health departments and other providers offer Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), known as Kan-Be-Healthy.

The hospitals in Kansas with Neonatal Intensive Care Units have developed a direct referral system to the community infant-toddler network which includes the infant-toddler lead agency, the infant's physician, and the local health department.

Other local efforts include the development of periodic follow-up screening for those infants and toddlers who are considered at risk for developmental delay; radio, television, and newspaper public service announcements in Spanish and English; information and developmental packets given to families of newborns; flyers and brochures posted throughout their communities; and poster displays at conferences and health fairs.

The Infant-Toddler Services state office continues to reprint quantities of its public awareness and parent materials for distribution by the infant-toddler networks.

Other state level child find and public awareness efforts include a contract with the Kansas Inservice Training System for poster sessions at conferences and other trainings, an infant-toddler listserv, an internet web site, and project brochures; an interagency agreement with the Kansas State Department of Education and the Kansas Department of Social and Rehabilitation Services which promotes participation in child find activities by their related local agencies; the Kansas Newborn Screening Program; and the Sound Beginnings Newborn Hearing Screening Program. State staff also participate on many state level early childhood committees such as the Early Head Start/Head Start Advisory Committee, Family Voices, the Early Childhood Stakeholders Advisory Committee, the Kansas Division of Early Childhood, and the Kansas Commission for the Deaf and Hard of Hearing.

Based on 116,774 live births in Kansas in 1998, 1999 and 2000, on December 1, 2000, the Kansas Infant-Toddler Program was serving 2.1% of the birth to three population in Kansas, which is at the national target of 2%.

Central Directory

Kansas Infant-Toddler Services continues to use and to support the Make A Difference Information Network (MADIN), a computer information system accessible statewide through the toll-free number 800-332-6262 (V/TDD).

Interagency support for the MADIN is provided by the Kansas Department of Health and Environment, the Kansas Department of Social and Rehabilitation Services, and the Kansas State Department of Education. MADIN includes a comprehensive listing of services and resources available throughout the state for children and adults with disabilities, their families, and their service providers.

Supervision and Monitoring of Programs

Kansas= 37 infant-toddler networks receive onsite compliance reviews every three years. Team members providing these reviews include a State Infant-Toddler Services staff member, parents, service providers from another infant-toddler network in the state, and representatives from other agencies and/or communities in Kansas. These onsite reviews include interviews with parents of children receiving services, with community partners, and with service providers; a fiscal review; and a review of children's records. Areas targeted during the review:

- Community Network Planning
- Fiscal Information
- Community Collaboration and Accessibility
- Child Find and Public Awareness
- Service Delivery
- Personnel
- The Individualized Family Service Plan (IFSP)
- Evaluation/Eligibility/Assessment
- Transition
- Procedural Safeguards
- Natural Environments

After the onsite visit is completed, a Community Plan of Improvement is developed, and if needed, technical assistance is provided by the Kansas Inservice Training System staff and state infant-toddler staff.

Networks also forward semi-annual reports to the state infant-toddler staff for review and follow-up regarding strengths and concerns of their programs.

Information regarding site visits, family surveys, network self-assessments, and semi-annual reports is included in the Kansas University Affiliated Program report on page 14.

Complaint Resolution

Approximately 30 families lodged informal complaints with local networks or the Kansas Infant-Toddler Services office. The complaints to the local networks were made by phone or by face-to-face discussion with a service provider. The complaints to the State office were made by telephone. Areas of concern were:

\$ service frequency/intensity.....	6
\$ service location.....	2
\$ service type.....	1
\$ choice of service provider.....	3
\$ natural environments	3
\$ gap in service due to provider move/absence.....	2
\$ provider scheduling.....	5
\$ provider interaction with family (siblings/parents).....	5
\$ need for addition resources/funding	2
\$ questions regarding provision of funding for service.....	1

No requests for mediation were received.

Personnel Development

Personnel providing services for Kansas Infant-Toddler Services must hold current and valid credentials in their professional field of practice, which comply with federal regulations requiring that personnel standards are to be the highest requirements in the state applicable to a specific profession or discipline. Kansas personnel credentialing standards are described in the Procedure Manual for Infant-Toddler Services in Kansas.

Individual personnel credentials are reviewed locally during the site visit process.

Personnel receive their training and maintain professional standards through preservice, inservice, and continuing education systems of personnel development. Training offered during this report period included autism, natural environments, data collection, early brain development, assistive technology, and transition.

An annual training needs survey is circulated throughout the state by the Kansas Inservice Training Systems (KITS) staff to determine training priorities for the year. Evaluation forms, which include a request for those in attendance to identify their training needs, are completed at each of the four Infant-Toddler Regional Meetings held each year throughout Kansas.

Other organizations also provide training experiences for professionals, support personnel, and families. The Kansas Division for Early Childhood, the Kansas Speech-Language-Hearing Association, and Families Together, Inc. have targeted early identification/intervention as themes for their annual statewide conferences, mini-conferences, or regional meetings.

COLLABORATIVE PARTNERS

Together with Kansas Infant-Toddler Services (Part C), these partners provide financial and in-kind contributions to fund or support early intervention services.

- i Title V -- Social Security Act (Maternal and Child Health)
- i Title XIX -- Social Security Act (Medicaid and EPSDT)
- i Educational Funding - Categorical Aid
- i County Health Departments
- i Mental Health and Developmental Disabilities
- i Services for Children with Special Health Care Needs
- i Community Developmental Disabilities Organizations (CDDOs)
- i Women, Infants, and Children (WIC)

- i Head Start
- i Early Head Start

In the Fall of 2000, Kansas Infant-Toddler Services, Social and Rehabilitation Services (Head Start/Early Head Start), the Kansas State Department of Education, KITS, and other Head Start officials held a Head Start Collaboration Conference. Approximately 130 people attended from a variety of agencies.

In Spring 2001, 30 people attended an Autism Spectrum Disorders Satellite Downlink.

Over 400 people attended the Kansas Division for Early Childhood Conference in Overland Park. This is a 0-5 conference covering a variety of personnel development topics.

In April 2001, Kansas Infant-Toddler Services held a conference on the IFSP process. Over 152 people attended. Topics included: Top Ten Things We Need To Share With Parents During the IFSP Process; Linking Assessment Information To Outcome Development; Family Outcomes in the IFSP Process; The Who? What? Where? And How? Of Outcomes in Daily Routines; Including The Community in the IFSP; and Evaluation of Outcomes: Did We Get Where We Thought We Were Going. The information presented resulted in several conversations/additional discussion at regional meetings that followed.

Technical assistance packets are made available by request through KITS. These include: First Year Part C Service Provider's Information Packet; First Year Part C Coordinators' Information Packet; Transition Resource Manual; and Prenatal Exposure to Substances Packet. 56 packets were requested and disseminated.

- i County Commissions
- i United Way
- i Insurance Companies
- i Area Hospitals
- i Social and Rehabilitation Services
- i Other Local Organizations

SUMMARY OF FUNDING

State funds, in addition to federal grant funds, are being utilized to help achieve the provision of essential services to infants and toddlers with developmental delays and disabilities and their families in Kansas. By action of the Kansas Legislature, Infant-Toddler state funds for SFY 2001 included \$500,000 from tobacco funds, totaling \$2,492,000. All (100%) state funds go to Infant-Toddler Networks for program implementation.

Federal grant funds under Part C of the Individuals with Disabilities Education Act (IDEA) are awarded annually to Kansas Infant-Toddler Services after its successful submission of an application to the Office of Special Education Programs in Washington, D.C. The Federal allocation for 7/1/00 was \$3,433,291.

Infant-Toddler (Part C) Federal Fund Expenditures for the period July 1, 2000 through September 30, 2001 (reporting period as required by the United States Department of Education, Office of Special Education Programs)

Total Administrative	\$ 187,511
Sponsored Project Overhead	27,031
Systems Support	400,524
Local Program Expenditures	<u>2,818,225</u>
Total Expenditures	\$ 3,433,291*

***Because of state and federal fiscal year calendars
these data show actual federal fund expenditures,
NOT amounts committed but not yet paid.**

Parent Training Center =
Monitoring System =
Assistive Technology =
Inservice/Technical Assistance =
EI/LICC Longitudinal Studies =

<Staff Salaries
<Communication
<Travel
- State Staff
- Local Providers, Parents,
Consultants, etc.
<Supplies
<Equipment

THE KANSAS COORDINATING COUNCIL ON EARLY CHILDHOOD DEVELOPMENTAL SERVICES

Kansas= efforts to implement Part C of the Individuals with Disabilities Education Act are based largely on the continuing development of interagency cooperation and collaboration at both the State and community levels. The Coordinating Council on Early Childhood Developmental Services (CCECDS) continues to provide support in achieving a seamless system of community-based and family-centered services across the state.

<p>Council Mission</p>	<p>Comprised of members representing parents of children with special needs, legislators, early intervention service providers, state agencies, and public members, the Council is committed to the vision of Infant-Toddler Services in Kansas.</p> <p>Standing committees and task forces are utilized by the Council in order to gather information that will assist them in making beneficial and supportive recommendations to Kansas Infant-Toddler Services. Family members, Network service providers, and local interagency coordinating council members serve on these committees and task forces. Results of their collaborative efforts this past fiscal year:</p>
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To ensure that a comprehensive service delivery system of integrated services is available in Kansas to all children with developmental delays or disabilities from birth through age five, and their families.

- i Worked with the Children’s Cabinet in implementing Smart Start Kansas. This collaborative effort to improve the lives of Kansas preschoolers disseminated funds from the master tobacco settlement to seven local communities.
- i Coordinated testimony from various partners to present a unified position for the Board of Education when they modified teacher licensing. The result was a comprehensive teaching license for teachers of all children birth through 8 years of age.
- i Continued to see an increase in total usage of Medicaid funds by local infant-toddler networks, resulting from our efforts to create a separate early intervention provider type.
- i At the request of the Council, the Commissioner of Education clarified the availability of school funds to pay tuition for placements in private preschools. The end result should be fewer problems for transitions at age 3, and more children served in the least restrictive environment.

Membership of the Kansas Coordinating Council on Early Childhood Developmental Services for 2000-2001

The Kansas Coordinating Council meets monthly to advise and assist the lead agency in matters related to the infant-toddler program in Kansas.

Chair:

Deborah Voth
Service Provider Member
Rainbows United-Family Enrichment Center, Wichita, KS

Governor-s Representative:

Susan Mahoney, Topeka, KS

Legislators:

The Honorable Barbara Allen, State Senator, Overland Park, KS
The Honorable Ethel Peterson, State Representative, Dodge City, KS

Board of Regents:

Dr. Wayne Sailor, KU-UAP, Lawrence, KS

Public Members:

Dr. Dave Lindeman, KUCDD, Parsons, KS
Chris Baird, USD 308-Headstart, Hutchinson, KS

Providers:

Cheryl Coleman, Bright Circle Montessori School, Topeka, KS
Sharon Hixson, Russell Child Development Center, Garden City, KS
Deborah Voth, Rainbows United, Inc. , Wichita, KS

State Agencies:

Kansas Department of Health and Environment - Clyde Graeber, Secretary
Kansas State Department of Education - Andy Tompkins, Commissioner
Kansas Department of Social and Rehabilitation Services - Janet Schalansky, Secretary
Kansas Insurance Department - Kathleen Sebelius, Commissioner

Parents:

Pam Chapin, Overland Park, KS
Karla Kenton, Hays, KS
Gloria Rader, Wichita, KS
Mimi Nagle, Overland Park, KS

State ICC staff:

Doug Bowman, Topeka, KS
Patricia Miller, Topeka, KS

ACCOMPLISHMENTS

Kansas has a statewide system of community-based early intervention networks which includes all 105 counties in Kansas. The initiative and widespread support at the grassroots level are responsible for the establishment, maintenance, and success of these networks.

In addition, Kansas Infant-Toddler Services, in collaboration with the Kansas CCECDs and other agencies and organizations:

- i Worked with Families Together, Inc., the Kansas Parent Training and Information Center, to provide child advocates and child advocate training, and to support Parent-to-Parent activities designed to provide support to parents of children with disabilities or developmental delays. Refer to the Families Together, Inc. report for related information.
- i Implemented semi-annual infant-toddler coordinator meetings. These meetings provide an opportunity for the 37 network coordinators to discuss issues, identify challenges to comprehensive services, receive updates and clarification on policy changes, and to access ideas for network service delivery refinement.
- i Distributed more than 22,678 informational materials and brochures to early intervention networks, to primary referral sources, and to other interested individuals and organizations for statewide dissemination.
- i Continued work on Kansas self-assessment process in preparation for monitoring by the Office of Special Education Programs (OSEP) in Washington, D.C.
- i Provided services to more than 3,700 infants and toddlers with disabilities and their families.
- i Held eight regional meetings providing information on the IFSP, outcomes, vision screening, nutrition screening/services, deaf mentor program, Sound Beginnings Newborn Hearing Screening Program relationship with ITS, and school readiness, to over 400 providers, parents, and others. In addition, a statewide Spring Conference attracted over 300 participants and provided information about the IFSP process.
- i Assisted with funding for the annual Families Together, Inc. conference. Kansas Infant-Toddler Services staff also presented at the conference.
- i In conjunction with KITS, distributed NEC*TAS Resource Collection on Autism Disorders.
- i Worked with Kansas Child Care Training Opportunities to revise *SpecialCare* Trainer's Manual and Caregiver book.
- i Co-sponsored the Make a Difference Information Network which received an average of 600 calls per month. This service provides information about services and resources available throughout the state for children and adults with disabilities, their families, and their service providers.

- i Through collaboration with the Assistive Technology for Kansans Project:
 - S provided assistive technology evaluations to 108 infants and toddlers;
 - S assisted with funding or helped locate funding for 270+ assistive technology devices;
 - S increased the assistive devices loan inventory;
 - S provided a series of interactive technology workshops for parents and providers.

- i Collaborated with the Sound Beginnings Early Intervention Task Force as they developed AA Kansas Resource Guide For Families With Infants and Toddlers Who Are Deaf/Hard of Hearing,@AStandards for Early Intervention Service Providers for Infants/Toddlers Who Are Deaf/Hard of Hearing and Their Families,@and the Sound Beginnings brochure in English and Spanish. These materials were reviewed and provided to the networks at the Summer Regional Meetings. An overview of the Sound Beginnings program and referral process was presented. Sound Beginnings provides continual technical assistance to networks regarding early hearing detection and intervention.

- i Began implementation of automated data management system across 37 networks.

ACTIVITIES TO IMPROVE SERVICES AND SUPPORTS

Movement toward program improvement has been significant in past years. Some goals from past years have been completed, some are being refined, and new ones have been added. Infant-Toddler Services at KDHE and the Kansas CCECDs are committed to the following:

- i Continue participation in the National Early Intervention Longitudinal Study (NEILS) which will provide descriptive and explanatory information about early intervention services that can be used by federal and state policy-makers and local coordinators to make implementation, funding, and improvement decisions regarding early intervention services. Parents can use the information to help them advocate effectively for their children regarding early intervention services.
- i Continue to utilize brain research to provide a scientific basis for policy decisions, making early intervention a priority.
- i Develop a four-day workshop for network teams to review family centered services, the IFSP, family services coordination, and other significant areas identified at network site visits and in our OSEP self-assessment.
- i Develop a collaborative state-wide effort to identify effective identification and intervention methods for autism and its associated disorders.
- i In collaboration with other agencies, develop a conference on infant mental health.
- i Increase delivery of services to children in their natural environments.
- i Ongoing implementation of a comprehensive statewide public awareness program to increase access to, knowledge of, and support for early intervention services.
- i Continue to refine the Kansas Infant-Toddler monitoring process to include missing OSEP indicators.
- i Continue collaboration with the Kansas State Department of Education to improve the transition process from Part C to Part B.
- i Continue development and promotion of the statewide system of mediation to resolve complaints initiated by parents or local program providers.
- i Develop a contract for the revision/update of the *Bridging Early Services* transition guides that were developed in 1995.
- i Expand training of Hospital to Home Transition to include all Kansas networks and applicable hospital personnel in order to reinforce and increase the hospital personnel's awareness of community services available to infants and toddlers and the networks' awareness of how the hospital personnel can help them.

- i In collaboration with the Kansas State Department of Education, complete and submit Kansas self-assessment report to the Office of Special Education Programs (OSEP) by October 2002.
- i Refine implementation of the automated data management system across 37 networks.
- i Continue collaboration with Kansas Child Care Training Opportunities, Inc., for training of child care providers in order to increase their knowledge of infants and toddlers with disabilities so that they will include these children in their child care settings.
- i Identify and appropriate additional resources to supplement Part C funding of services.
- i Expand service options for families, and continued family involvement in decision making activities.
- i Increase participation of Kansas CCECDS members in committee activities.
- i Increase provision of technical assistance to local networks to expand funding sources.
- i Increase provision of technical assistance to local networks to improve services for children and families.
- i Continue collaboration with SRS Medicaid to implement reimbursement for developmental intervention services for Part C eligible children.